

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
11		/					61		
12		/					62		
13		/					63		
14		/					64		
15		/					65		
16		/					66		
17		/					67		
18		/					68		
19		/					69		
20		/					70		
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22		/					72		
23		/					73		
24		/					74		
25		/					75		
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33		/					83		
34		/					84		
35		/					85		
36		/					86		
37		/					87		
38		/					88		
39		/					89		
40		/					90		
41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47		/					97		
48		/					98		
49		/					99		
50		/					100		
TOTAL IND.	3	1					TOTAL IND.		
TOTAL DEP.	12						TOTAL DEP.		
TOTAL CLAIMS	15						TOTAL CLAIMS		